

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013749

STATE FILE NUMBER

FILED APR 16 1959

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 186

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Joplin TOWN Joplin		c. CITY OR TOWN Carthage	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS (If outside, give location) Route #3	
3. NAME OF DECEASED (Type or print) Carliss Lee Henry		4. DATE OF DEATH Month March Day 30 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 3, 1959
9. AGE (In years last birthday) 6		10. IF UNDER 1 YEAR Months 27 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant	
11. BIRTHPLACE (City and state or country) Carthage, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Bryce Henry		13b. MOTHER'S MAIDEN NAME Nova Faucett	
14. NAME OF HUSBAND OR WIFE Bryce Henry		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. None		17. INFORMANT Bryce Henry, Rt 3, Carthage, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Heart failure due to congenital heart disease DUE TO (c) Tetralogy of Fallot, coarctation of the aorta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Embryonic defect		INTERVAL BETWEEN ONSET AND DEATH 7540	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 8:20 a.m. A Month, Day, Year 3-26-59	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Joplin, Missouri		COUNTY Jasper STATE Missouri	
21. I attended the deceased from 3-26-59 to 3-30-59 and last saw her alive on 3-30-59 Death occurred at 8:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>Arthurine Rich</i> MD 0	
22b. ADDRESS Joplin, Missouri		22c. DATE SIGNED 3-30-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-1-59	
23c. NAME OF CEMETERY OR CREMATORY Dudman Cemetery		23d. LOCATION (City, town, or county) (State) Jasper County, Missouri	
24. FUNERAL DIRECTOR Knell Mortuary, Carthage, Mo.		25. DATE RECD. BY LOCAL REG. 4-9-1959	
26. REGISTRAR'S SIGNATURE <i>Dorice Merriam</i>			

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed Cecilia Thonbelee

Licensed Embalmer No. 3590
P. O. Address Joplin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.